

Individual Training Log

F15

Email: DPSST.F6Roster@state.or.us; Fax: 503-378-4600; Mail: 4190 Aumsville HWY SE; Salem OR 97317 Questions? Call: 503-378-4411 or email: DPSST.F6Roster@state.or.us

5/8/20

	This form is intended to record historical training that has not been previously reported to DPSST. Criminal Justice Training Records can be viewed at: http://dpsstnet.state.or.us/PublicInquiry_CJ/smsgoperson.aspx										
	1. Name: Last	First	MI MI	2. Agency	tate.or.us/PublicInquiry	CJ/smsgoperson.as	3. DPSST Number				
Course Information	4. Did this training occur while employed as a public safety professional in Oregon? Yes No										
	Training Category *	Course Title	Date	Hours	Instructor Name	Sponsor; (City; County or State				
	*Enter one of the following training categories. If none listed, General/Other training will be used.										
		EMD ● Firearms/Use of For	,		·	ntal Health/CIT	●Telecom				
Signature	I attest that I am the Department Head or hold DPSST Certification and am authorized by the Department Head to sign below. I certify that the information entered on this form has been verified and is substantiated by records maintained by my agency. If certified by DPSST, I understand that falsification of										
	this document makes my certification(s) subject to denial, suspension or revocation under ORS 181A.640 and OAR 259-008-0300.										
	Signature					Date:					
			DPSST No.:								
	Email Address					Phone:					



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Continued-Page 2

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	●Ethics ●EN	Health/CIT	●Telecom								
	●Ethics ●EMD ●Firearms/Use of Force ●General/Other ●Leadership ●Mental Health/CIT ●Telecom I attest that I am the Department Head or hold DPSST Certification and am authorized by the Department Head to sign below. I certify that the information										
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	Signature	Date:									
	Printed Name:	Title:									
	Email Address										